Upi Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1333		2. Fiscal Year Covered From	2. Fiscal Year Covered From			
		1 / 1 / 2004 T	Through: 12 / 31 / 2004			
Name and address of person filing.		4. Name, file number, and address of la	4. Name, file number, and address of labor organization.			
Name David N	Come	Name I.B.E.W. Local Unio	on 1919			
		Labor Organization File Number	1357659			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any				
Street 242 Thompsonville Rd.		Street 986 Greentre: Road				
City McMurray		City Pittsburgh				
State Pennsylvania	ZIP Code + 4 15317	State Pennsylvania	ZIP Code + 4 15220			
5. Position in labor organization. Exec	utive Board, Trustee					
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (includ ng loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.			
Name I.B.E.W. Local 1919 Health & Welfare Fund	Trustee's educational conference in Orlando Florida. The conference was sponsered by the			
Trade Name, if any:	"International Foundation of Employee Benefits Funds". Expenses were for hotel rooms, meals, per			
P.O. Box, Bldg., Room No., if any	diem advance(self) and misc.expenses for self and other Fund Trustees.			
	7.b. Amount.			
Street 27 Roland Ave, Suite 200				
City Mount Laurel	\$1,905			
State New Jersey ZiP Code + 4 08054				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

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S	iπ	ned.

David M. Come

On 8/8/2005

412-921-5757

Date

Telephone Number

Name of Person Filing David Come	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trus; in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	т			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4	12.a. Nature of interest field of income received.			
	12 h Amount			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Cor sultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Coc'e + 4				

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing	David (Come	File Number U-	

Part A Continuation Page

Pa	int A Continuation Page
A. Held an interest in, engaged in transactions (including loans) with employees your organization represents or is actively seeking to rep	, or derived income or other economic benefit of monetary value from an employer whose present.
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name I.B.E.W. Local 1919 Annuity Fund	Trustee's educational conference in Orlando Florida. The conference was sponsered by the "International Fcundation of Employee Benefits
Trade Name, if any:	Funds". Expenses were for hotel rooms, meals, per diem advance(self) and misc. expenses for self and other Fund Trustees.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 27 Roland Ave., Suite 200	
City Mount Laurel	\$804
State New Jersey ZIP Code + ← 0805	54
 A. Held an interest in, engaged in transactions (including loans) with employees your organization represents or is actively seeking to represents or is actively seeking to represents. 	h, or derived income or other economic benefit of monetary value from an employer whose present.
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
1.6. Box, Blags, Room Hos, II ally	7.b. Amount.
Street	
City	
State ZIP Code + 4	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic banefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Emptoyer (including trade name if any)	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any.				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Ccde + 4				

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Name of Person Filing David C	ome		File Number U-	

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7,b. Amount.
City	
State ZIP Code + 4	
State ZIF Gode + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic be refit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 h A
Street	7.b. Amount.
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is activaly seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	P. D. Fariouni.
City	
State ZIP Code + 4	

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